

ISDH 2004 Hospital Service Report

(Annual Report under Indiana Code 16-21-6)

Saint Joseph Regional Medical CenterCity: South Bend County: St Joseph Year: **2004**

Provider Type: General Acute Hospital

I. Inpatient Care				
Hospital Service Description	Number of Set Up Beds	Number of Discharges	Number of Patient Days	Average Charge Per Discharge
Burn Care	0	0	0	\$0
Cardiac Intensive	49	1,708	7,742	NMF
ICU Med/Surg	26	1,930	7,058	NMF
ICU Neonatal	6	144	1,216	NMF
ICU Pediatric	0	0	0	\$0
Medical/Surgical	117	5,493	26,037	\$4,112
Neonatal Intermed	0	0	0	\$0
Obstetrics	24	1,093	2,749	\$7,377
Pediatric	22	278	1,054	\$4,811

Psychiatric	0	0	0	\$0
Rehabilitation	26	476	7,192	\$12,685
Substance Abuse	0	0	0	\$0
Swing Beds	NA	0	0	\$0
Other Services	0	0	0	NA
Acute Subtotal	276	11,122	53,048	NA
Normal Newborn	17	1,038	2,130	NR

II. Outpatient Visits			
Circulatory System	4,417	Digestive System	4,784
Endocrine System	3,158	Injuries and Poison	9,374
Mental Disorder	861	Musculoskeletal	7,345
Neoplasms	2,899	Nervous	3,416
Respiratory	5,237	Urinary	6,643
Other/Unknown	73,265	Total Visits	121,399
Number of Visits to Emergency Department			34,823
Percent of Emergency Department Visits of Total Visits			28.7%

Identification of Hospital Services

Each hospital has identified if it has one or more of a standard list of 66 services. This list of 52 services is updated annually by each hospital from the information initially requested by the Centers for Medicare & Medicaid Services when the hospital was initially certified for Medicare payment. The other 14 services have been identified in other sections of this report.

Y - Ambulance Service (Owned)	N - Alcohol/Drug Service	Y - Anesthesia Services
N - Audiology	Y - Blood Bank	Y - Cardiac Cath Lab
Y - Cardiac-Thoracic Surgery	Y - Chemotherapy Service	N - Chiropractic Service
Y - CT Scanner	Y - Dental Service	Y - Dietetic Service
N - Extracorporeal Lithotripter	N - Gerontological Service	N - Home Health Service
N - Hospice	N - Laboratory Anatomical	Y - Laboratory Clinical
Y - Magnetic Resonance (MRI)	Y - Neonatal Nursery	Y - Neurosurgical Service
Y - Nuclear Medicine	Y - Occupational Therapy	Y - Operating Room
N - Ophthalmic Surgery	N - Optometric Service	N - Organ Bank
N - Organ Transplant	Y - Orthopedic Surgery	Y - Pharmacy
Y - Physical Therapy	N - PET Imaging	Y - Postoperative Recovery
N - Psychiatric Emergency	N - Psychiatric Child	N - Psychiatric Forensic
N - Psychiatric Geriatric	Y - Radiology Diagnostic	N - Radiology Therapeutic
N - Reconstructive Surgery	Y - Respiratory Care	Y - Rehab Inpat CARF
N- Rehab Inpat Non CARF Acc	Y- Rehab Outpatient	Y- Renal Dialysis

Y - Social Services	N - Speech Pathology	Y - Surgical Inpatient
Y - Surgical Outpatient	N - Trauma Center Certified	N - Transplant Cnt Medicare
N - Urgent Care Center		

NA =	Not applicable	NMF =	No meaningful figure	NR =	Not reported
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